No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11821

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 4110 Registrar's No. 23

21 2 0

1. PLACE OF DEATH
a. COUNTY: Chariton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salisbury
c. LENGTH OF STAY (In this place): Aprox Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West 9th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Chariton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salisbury
d. STREET ADDRESS (If rural, give location): West 9th Street

3. NAME OF DECEASED (Type or Print)
a. (First): Mattie
b. (Middle): –
c. (Last): Dewey

4. DATE OF DEATH (Month) (Day) (Year): April 16 1949

5. SEX: Female
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 2 1872
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months 1, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Keeper
10b. KIND OF BUSINESS OR INDUSTRY: House Keeper
11. BIRTHPLACE (State or foreign country): Chariton County
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Isaac Gooch
13b. MOTHER'S MAIDEN NAME: Louisa –
14. NAME OF HUSBAND OR WIFE: Truman Dewey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Francheen Dewey — ADDRESS: Salisbury, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 4 mos

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): 3341

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Arterio Sclerosis — 10 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 13, 1949, *to* Apr 16, 1949, *that I last saw the deceased alive on* 4-16, 1949, *and that death occurred at* 2:30 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H E Hawkins MD
23b. ADDRESS: Salisbury Mo
23c. DATE SIGNED: 4-19-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 19 1949
24c. NAME OF CEMETERY OR CREMATORY: Salisbury City Cemetery
24d. LOCATION (City, town, or county) (State): Salisbury Mo

DATE REC'D BY LOCAL REG.: 4-19-49
REGISTRAR'S SIGNATURE: H E Hawkins
25. FUNERAL DIRECTOR'S SIGNATURE: G B Winkelmeyer — ADDRESS: Salisbury Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-21-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ _____, Student Embalmer No. _____ working under my personal supervision.

Signed Chas B. Winkelmeyer

Signed _____
Student Embalmer

Licensed Embalmer No. 3842

P. O. Address Salisbury, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.